

The Virginia Department of Health

Resources for Health Care Professionals

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News and Updates

National Lead Poisoning Prevention Week, October 21 – 27, 2012

Today, childhood lead poisoning is considered the most preventable environmental disease among young children, yet approximately a half a million U.S. children have blood lead levels above 5 micrograms per deciliter, the reference level at which Centers for Disease Control and Prevention (CDC), recommends public health actions be initiated. To focus on the importance of educating parents and children about the dangerous health effects of lead exposure, especially lead paint hazards in housing. This year's National Lead Poisoning Prevention Week theme, "Lead-Free Kids for a Healthy Future," underscores the importance of the many ways parents can reduce a child's exposure to lead and prevent its serious health effects. For more information and resources to share with prenatal patients and caregivers, visit the VDH Childhood Lead Poisoning Prevention website at <http://www.vdh.virginia.gov/leadsafe/>.

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Recent Clinicians' Letters

Urgent updates from the Health Commissioner

- [Preparedness for Health Care Professionals](#)

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Monthly Healthcare-Associated Infection Updates

Healthcare-Associated Infections (HAI) Program Update, September [Newsletter](#)

Topics Include:

- Healthcare Personnel Influenza Vaccination Reporting Requirements
- SHEA Guidance on the Use of Live Attenuated Influenza Vaccine
- VDH/VHQC *Clostridium difficile* Collaborative: Get Involved!

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Did You Know?

Update on Gonorrhea in Virginia

- Gonorrhea is the second most commonly reported notifiable disease in the United States, with 309,341 cases diagnosed in 2010¹; the CDC estimates gonorrhea incidence at more than 600,000 cases annually.²
- There were approximately 6,600 cases of gonorrhea diagnosed in Virginia in 2011.³
- *Neisseria gonorrhoeae*, the bacteria which causes gonorrhea, has progressively developed resistance to antimicrobial agents used to treat it, including sulfanilamide (1940s), penicillins and tetracyclines (1980s) and fluoroquinolones (2007).²
- An April 2007 [update to CDC's recommended gonorrhea treatment regimens](#) listed cephalosporins as the only remaining class of antimicrobials available in the United States for gonorrhea treatment.⁴
- Through the [Gonococcal Isolate Surveillance Project \(GISP\)](#), the CDC determined that the percentage of gonorrhea isolates with decreased susceptibility to cefixime, a third-generation cephalosporin, had increased by a factor of 17 (0.1% in 2006 to 1.7% in the first six months of 2011).²
- In August 2012, the CDC released [revised gonorrhea treatment guidelines](#). Notably, oral cefixime is no longer recommended as a routine first-line regimen for the treatment of gonorrhea. If cefixime is used, a test of cure should be performed.⁵
- The new recommended treatment regimen for uncomplicated urogenital, anorectal, and pharyngeal gonorrhea is combination therapy with a single intramuscular (IM) dose of ceftriaxone 250 mg plus either a single dose of azithromycin 1 g orally or doxycycline 100 mg orally twice daily for seven days.
- The Virginia Department of Health is one of approximately 30 GISP sites throughout the United States. To date, no cases of reduced susceptibility to cephalosporins (cefixime or ceftriaxone) or treatment failure have been identified in Virginia.

For resources and information about gonorrhea surveillance and antimicrobial resistance in Virginia, see:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Data/>

1. Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S. Department of Health and Human Services; 2011. Available online: <http://www.cdc.gov/std/stats>
2. Bolan G, Sparling F, Wasserheit J. The Emerging Threat of Untreatable Gonococcal Infection. *New Engl J Med*. 2012; 366(6): 485-7.
3. Virginia Department of Health. Quarterly Surveillance Report. Available online: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Data/#quarterly>
4. Dowell D, Tian L, Stover J, et al. Changes in Fluoroquinolone Use for Gonorrhea Following Publication of Revised Treatment Guidelines. *Amer J Pub Health*. 2012; 102(1):148-55.
5. Centers for Disease Control and Prevention. Update to CDC's *Sexually Transmitted Diseases Treatment Guidelines, 2010*: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections. *MMWR*. 2012; 61:590-4. Available online: <http://www.cdc.gov/mmwr/pdf/wk/mm6131.pdf>

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Disease Outbreaks

Hantavirus in Visitors to Yosemite National Park, 2012

On August 16, 2012, the California Department of Public Health released a statement regarding two Californian residents who contracted Hantavirus while visiting Yosemite National Park. One of the residents died. Since the initial press release, Hantavirus pulmonary syndrome (HPS) has been diagnosed in six additional people including two deaths. Most of the cases identified stayed in the "Signature Tent Cabins" located in Yosemite's Curry Village between June 10th and August of this year. More cases could be identified since symptoms can take up to five weeks to appear. To date, no cases have been reported in Virginia residents.

Hantavirus, which is spread by rodents, initially presents in a nonspecific way with a febrile prodrome lasting 3-5 days. In addition to fever and myalgias, early symptoms may include headache, chills, non-productive cough, nausea, diarrhea, and other gastrointestinal symptoms. In the later stages of HPS, patients may present with progressive evidence of pulmonary edema and hypoxia. The mortality rate is 38. For more information about

hantavirus, please see the VDH fact sheet, <http://www.vdh.virginia.gov/Epidemiology/factsheets/Hantavirus.htm> or the Centers for Disease Control and Prevention website, <http://www.cdc.gov/hantavirus/>. Please contact your local health department with any questions or if you think you might have a patient with HPS.

Disease Updates

West Nile Virus and other Arbovirus Trends in the United States and Virginia, 2012

- West Nile virus (WNV) infection is spread by the bite of infected mosquitoes and usually causes mild febrile illness, but may also cause severe neurological illnesses such as encephalitis, meningitis, or polio-like paralysis. WNV was first identified in the United States in New York in 1999.
- Reports from various parts of the U.S. indicate that WNV activity is greater than it has been since the mid-2000s. The Centers for Disease Control and Prevention (CDC) reports that WNV spread faster in 2012 than it did in years past, partly due to a mild winter and several spring rains that allowed the mosquito population to build early.
- *In Virginia, we had XX WNV cases reported from July to September, including XX deaths.*
- *In Texas, XX WNV cases and XX deaths were reported during this same period.*
- In addition to WNV, we have seen other human arboviral activity in Virginia this year. La Crosse encephalitis virus was reported in one child from the Southwest Region, and Eastern equine encephalitis virus was reported in one child from the Eastern Region.
- Clinicians should note that patients infected with an arbovirus may present with a fever accompanied by at least one or more of the following symptoms: headache, body aches, fatigue/lethargy, nausea, vomiting, rash, or muscle weakness. Children are much less likely to contract a WNV illness than adults. Adults 50 years of age or older are at the highest risk of a serious illness. Most healthy persons may not have any symptoms.
- If you are concerned about an arboviral infection in a patient, contact your local health department to discuss public health laboratory testing.
- To prevent WNV and other mosquito-borne viral diseases, avoid mosquito bites by following these steps:
 1. Use insect repellent containing an EPA-registered active ingredient.
 2. Consider staying indoors at dusk and dawn, or wear long sleeves and pants at these times.
 3. Check screens on your windows and doors to keep mosquitoes out.
 4. Eliminate mosquito breeding areas of the yard where rainwater collects.

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Virginia Monthly Morbidity Surveillance Report by District and Region

[August 2012](#) update

View previous reports, [Morbidity Surveillance Reports](#).

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MMWR

MMWR publications are prepared by the CDC

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- Influenza Vaccination Coverage Among Health-Care Personnel — 2011–12 Influenza Season, United States
- Influenza Vaccination Coverage Among Pregnant Women — 2011–12 Influenza Season, United States

- Influenza A (H3N2) Variant Virus-Related Hospitalizations — Ohio, 2012
- Postvaccination Serologic Testing Results for Infants Aged ≤24 Months Exposed to Hepatitis B Virus at Birth — United States, 2008–2011
- Announcements: Final State-Level 2011–12 Influenza Vaccination Coverage Estimates Available Online
- Announcements: Environmental Microbiology: Control of Foodborne and Waterborne Diseases Course — January 7–12, 2013

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- Evaluation of a Neighborhood Rat-Management Program — New York City, December 2007–August 2009
- Chikungunya Outbreak — Cambodia, February–March 2012
- Update on Vaccine-Derived Polioviruses — Worldwide, April 2011–June 2012
- Notes from the Field: Histoplasmosis Outbreak Among Day Camp Attendees — Nebraska, June 2012
- Announcement: National Gay Men’s HIV/AIDS Awareness Day–September 27, 2012

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“Did You Know” Articles by the CDC

These [“Did You Know”](#) topics were prepared by the CDC

September 28, 2012

- **Glaucoma, the “sneak thief of sight,” affects more than two million US adults aged 40 or older and is projected to affect 3.3 million people by 2020.**
- Early detection and treatment of glaucoma can help prevent blindness.
- You can promote sight-saving measures by encouraging comprehensive dilated eye exams.

September 21, 2012

- Suicide, the 10th leading cause of death nationally, accounts for nearly 37,000 deaths each year—more than twice the number of deaths by homicide.
- Family members, friends, coworkers, and others suffer long-lasting consequences of suicidal behaviors.
- Suicide is preventable; the new [National Strategy for Suicide Prevention](#) promotes ways you can get involved.

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